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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 101564,914	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
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Total Indep	2		2				Total Indep	
Total Depend	8	8	8				Total Depend	
Total Claims	10	10					Total Claims	

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